Rimantidine/Amantidine: target M2 in segmented viruses. (Ok for Flu A). Can cause Neuro/Gastro that go away after 1st week even when staying on dose.

Zanamivir/oseltamivir: antiviral drugs targeting NA (OK for Flu A and B). oropharyngeal/facial swelling and some nausea/dizzy/cough/bronchitis; more nausea and vomitting

Influenza inactive vax- do not give to people who are allergic to eggs or patients with acute febrile illness

Influenza live nasal- no under 5 over 50, immunocompromised, asthma, chronic disorders, pregnant (no contact with immunocompromised for 3weeks)

Ribavarin: used to treat RSV

Palivizumab: monoclonal antibody binding to F proteins to block fusion in RSV

MMR: live attenuated, needs 2 doses after the age of 12 months. Can receive a dose between 6-12 months if a concern of contracting one of the three viruses. However, because the immune system is not completely developed, this dose does not active the child’s adaptive immunity. Do not give to immunosuppressed or first trimester of pregnancy. Much safer than the influenza live vax and vacinee can be around immunocompromised no prob.

NOTE: babies should get Immunoglobulin within six days of exposure to measles. Vax should then be delayed 6 months.

Polio vax oral: mimics the traditional route of infection and triggers the development of IgA. Worry that a helper virus or mutation might reactivate the virus. This virus (although attenuated) does proliferate and can infect other people. As long as it doesn’t mutate, the virus leads to herd immunity.

Polio vax inactive: given IM and causes a circulating IgG immunity.

VZR vax- live attenuated, can cause seizures cerebral ataxia and pneumonia. Do not give if allergic to gelatin, neomycin or pregnant. Good for 20 years